

**State of Louisiana**  
**Office of Financial Institutions**  
**Baton Rouge, Louisiana**  
**www.ofi.state.la.us**

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## **REPOSSESSION AGENT/APPRENTICE APPLICATION INSTRUCTIONS**

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A Repossession Agent Application must be submitted for each person who meets the definition of a Repossession Agent.

LAC 10:XV.1301 defines Repossession Agent as follows: *"an individual who physically obtains possession of collateral for a secured party and engages in business or accepts employment to locate or recover collateral registered under the provisions of the Louisiana Vehicle Certificate of Title Law, R.S. 32:701 et seq, which has been sold under a security agreement or used as security in a loan transaction. Included in this definition are secured creditors' employees who repossess collateral pursuant to the "Additional Default Remedies Act."*

LAC 10:XV.1303.E.3 states" *"No repossession agency shall sponsor more than one apprentice for every two licensed repossession agents at any one time."*

### **ATTACHMENTS:**

- ☐ **FEES:**  
\$400 application fee  
\$50 fingerprint processing fee
- ☐ **APPLICATION:**  
Complete application signed by an authorized company representative and notarized
- ☐ **AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES FORM:**  
This form must be completed and signed by each Repossession Agent/apprentice applicant, and notarized. Information contained in this document is kept confidential.
- ☐ **FINGERPRINT CARDS:**  
Include 2 copies
- ☐ Louisiana State Police Criminal Identification and Information Form. Louisiana State Police will not process incomplete forms. Incomplete forms will be returned. (Form included with application.)
- ☐ **PROOF OF EMPLOYMENT:**  
Submit evidence of 2 years experience as a repossession agent or apprentice within the previous three years as per LAC 10:XV. 1303(D)(d). Each year of experience shall consist of at least 1,000 hours of actual compensated work performed by the applicant with a repossession agency preceding the filing of an application. An applicant shall substantiate the claimed hours of qualifying experience by providing an IRS form W-2 and the exact details as to the character and nature of duties by written certifications from the employer as per LAC 10:XV. 1303(F).

# REPOSSESSION AGENT/APPRENTICE APPLICATION

1. Complete Name of Applicant: \_\_\_\_\_

Phone Number: Business (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

2. (a) Name of Employer : \_\_\_\_\_

(b) Municipal Address of Main Office: \_\_\_\_\_  
\_\_\_\_\_

3. Submit your work experience and residential address. (See attachment RA-1)

4. Submit a W-2 statement verifying employment as a Repossession Agent or Apprentice for two within the previous three years.

5. Type of License:

☐ Repossession Agent

☐ Apprentice

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## EMPLOYER CERTIFICATION

(Must be completed by the authorized employer representative)

I hereby affirm or attest that \_\_\_\_\_

is a/an ☐ owner ☐ W-2 employee of (Company Name) \_\_\_\_\_ and  
will be acting on the company's behalf as a Repossession Agent/Apprentice. I also affirm that he/she works **ONLY** engages  
in repossession activities for this company. I further affirm that he/she is covered under the company's surety bond.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of authorized Company Representative)

\_\_\_\_\_  
(Print Name and Title)

\* \* \* \* \*

STATE OF \_\_\_\_\_

PARISH OR COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, personally came and appeared (Name) \_\_\_\_\_  
who, first being duly sworn, declared under oath that he/she is the (Title) \_\_\_\_\_ of  
(Company Name) \_\_\_\_\_ and that all statements and representations made in the  
foregoing registration are true and correct to the best of his/her knowledge and belief.

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
(Print name of Notary Public)

(Affix Seal)

## CONFIDENTIAL

<b>AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES</b>	
Name:	Social Security #:  Drivers License #: (Attach a legible copy)
Home Address, City, State, Zip Code:	
Date of Birth:	Home Telephone No:
Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgment amounts.	
Have any civil judgments been entered against you during the past 10 years?	( ) Yes, attach explanation ( ) No
Are there any civil proceedings pending against you or civil judgments entered against you which involve fraud or dishonesty?	( ) Yes, attach explanation ( ) No
Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to a felony, including any which may have been expunged, set aside or for which you received a first offense pardon?	( ) Yes, attach explanation ( ) No
Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to any misdemeanor involving theft, fraud, or dishonesty, including any which may have been expunged, set aside or which you received a first offense pardon?	( ) Yes, attach explanation ( ) No
Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	( ) Yes, attach explanation ( ) No
Have you been refused a license or permit to do business under the provisions of a similar law or subject to any enforcement proceedings by any State or Federal government agency involving the revocation or suspension of any business license or permit, fines or penalties?	( ) Yes, attach explanation ( ) No
Have you been discharged for cause or been requested to resign from any employment position?	( ) Yes, attach explanation ( ) No
I hereby authorize the licensing authority to make inquiries from any financial institution, credit bureau or law enforcement agency for the purpose of determining his/her financial responsibility, character and fitness in connection with an application for a license or registration.	
I hereby certify that the information on this form, to the best of my knowledge, is complete and accurate.	
_____ Signature	
SUBSCRIBED BEFORE ME ON THIS _____ day of _____, 20 _____.	
AT: _____, _____ (CITY) (STATE or COMMONWEALTH)	
<b>PRINT NAME OF NOTARY PUBLIC:</b>	<b>SIGNATURE OF NOTARY PUBLIC:</b>



**Attachment [RA-1]**

**EMPLOYMENT/EXPERIENCE HISTORY FOR THE LAST 5 YRS**

Explain any gaps in work history. *(Attach additional sheets, if necessary)*

NAME: \_\_\_\_\_

Employer Name and Address	Position/Brief Description of Duties	Start Date	End Date	Reason for Leaving

**LIST RESIDENTIAL ADDRESSES FOR THE LAST 10 YRS**

NAME: \_\_\_\_\_

Residential Address	Start Date	End Date

**LOUISIANA OFFICE OF FINANCIAL INSTITUTIONS**  
**8660 United Plaza Boulevard, 2<sup>nd</sup> Fl.**  
**Baton Rouge, LA 70809**  
**(225) 925-4660**

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**FINGERPRINT CARD INFORMATION**

Act 236 of the 2006 Regular Session of the Louisiana Legislature amended LSA-R.S. 6:121.2 effective June 2, 2006. This section authorizes the Commissioner of Financial Institutions to request and obtain state and national criminal history record information on any person applying for any license with the Office of Financial Institutions, as well as require any applicant for any license to submit two full sets of fingerprints in a form or manner prescribed by the Commissioner as a condition of the Commissioner's consideration of their application.

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**WHO MUST SUBMIT FINGERPRINT CARDS**

- 1) **Owner(s):** Sole Proprietors; partners and general partners, if partnership; trustees; members and general members, if an LLC; and 10% or greater equity owners.
- 2) **Director(s):** All directors.
- 3) **Officer(s):** Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, President, Executive Vice President(s), Corporate Secretary, Treasurer, or individuals of similar status or function.
- 4) **Repossession Agents:** Includes Qualifying Agent and any Agents or Apprentices that are applying for a license.

**NOTE:** *Louisiana residents or persons listed in Question 16 of the Uniform Application who have had a license since June 2001 are not required to submit fingerprint cards at this time.*

**WHAT MUST BE SUBMITTED**

- 1) Two original Form FD 258 fingerprint cards, or equivalent, which can be obtained from your local law enforcement office. The form on these cards must be **completely** filled out. Louisiana State Police will not process incomplete cards. Incomplete cards will be returned.
- 2) \$50 nonrefundable criminal background processing fee made payable to the Office of Financial Institutions. (This fee is in addition to the application fee.)
- 3) Completed Authority to Obtain Information from Outside Sources form, signed and notarized (included in application package).
- 4) Completed Louisiana State Police Bureau of Criminal Identification and Information Form, signed and notarized (included in application package). Louisiana State Police will not process incomplete forms. Incomplete forms will be returned.

**IMPORTANT NOTICE**

**Applicants submitting fingerprint cards that are smudged or unreadable will be required to resubmit new cards. This will add to the processing time of the application.**